

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTHState File No. 168Registered No. 23

1. PLACE OF BIRTH

County Gila

State _____

District or Township _____

or Village _____

City Hayden

No. _____

St. _____

Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child William H. Boyd Young

If child is not yet named, make supplemental report, as directed.

3. Sex of Child MaleTo be answered ONLY
in event of plural
births.

4. Twin, triplet or other _____

5. Legitimate? YesDate Mar. 16 1930

of birth _____

Month Day Year

5. No., in order of birth _____

8. FATHER

Full name Bert William Young9. Residence Hayden

(Usual place of residence)

If non-resident, give place and state.

10. Color or race White11. Age at last birthday 29 (Years)16. Color or race White17. Age at last birthday 21 (Years)12. Birthplace (city or place) Saint Angelo(State or country) Texas18. Birthplace (city or place) Joplin(State or country) Mo.13. Occupation Plumber

Nature of Industry

19. Occupation H. B.

Nature of Industry

20. Number of children of this mother _____

(Taken as of time of birth of child herein
certified and including this child.)(a) Born alive and now living 2

(b) Born alive but now dead _____

(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

(Born alive or stillborn)

Signature Charles B. Smith M.D.

(Physician or midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report _____

Month, day, year _____

Address Hayden, Ariz. mailFiled Mar 19 1930Registrar. W. B. D. Jell

Registrar.

67-1-310-429